n	YENT.	ADDI 10 ATI/	M ccc betei	RMINATION RI	
~	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPI IL.AIR	1N PPP 1 1P 1 P 1	RMINALICIN R	- L .L JHCI J

Effective October 1, 2000												
. CLAIMS AS FILED - PART I (Column 1)				(Column 2)			MALL EN	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			7				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			7 minus 20=		. 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* Ø			X40=			X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT							OR		
* If the difference in column 1 is less than ze				ro ente	r "0" in c	olumn 2	' [	+135=	7	OR	+270=	
								TOTAL	355	OR	TOTAL	
	C		MENDED	ED - PART II			SMALL ENTITY			OTHER SMALL		
		(Column 1) CLAIMS		(Colur		(Column 3)	1 6	SWALL		OR I I	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	•	OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		<b>,</b>	+135=		OR	+270=	
							L	TOTAL			TOTAL	
		20						DDIT. FEE		OR	ADDIT. FEE	
	in the second	(Column 1) CLAIMS		(Colui		(Column 3)	1 -			1 1		
MENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=	1 [	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J	105			070		
						•	L	+135≈		OR	+270=	
							Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	]	X40=			X80=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM		J ├			OR	- 100	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

**Application or Docket Number**